

2015-10-26 10:41 Dept of Health-HCF  
DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

8655945739 &gt;&gt;

423 733 2944 P 8/10

PRINTED: 10/15/2015  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  445459	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01  B. WING _____		(X3) DATE SURVEY COMPLETED  10/11/2015
NAME OF PROVIDER OR SUPPLIER  HANCOCK MANOR NURSING HOME			STREET ADDRESS, CITY, STATE, ZIP CODE 1423 MAIN STREET SNEEDVILLE, TN 37869		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
K 076 SS=D	<p><b>NFPA 101 LIFE SAFETY CODE STANDARD</b></p> <p>Medical gas storage and administration areas are protected in accordance with NFPA 99, Standards for Health Care Facilities.</p> <p>(a) Oxygen storage locations of greater than 3,000 cu.ft. are enclosed by a one-hour separation.</p> <p>(b) Locations for supply systems of greater than 3,000 cu.ft. are vented to the outside. NFPA 99 4-3.1.1.2, 19.3.2.4</p>	K 076	<p>K 076</p> <ol style="list-style-type: none"> <li>1) The Maintenance Director removed the electrical outlet in the oxygen storage room on October 11, 2015.</li> <li>2) All Residents have the potential to be affected by the citation. The Maintenance Director conducted a visual audit of all oxygen storage areas to ensure all electrical outlets were at least five feet above the floor on October 11, 2015. All oxygen storage areas were found to be in compliance.</li> <li>3) The Administrator conducted one-on-one directed education with the Maintenance Director on October 11, 2015 regarding electrical outlets being at least five feet above the floor in oxygen storage areas.</li> <li>4) The Maintenance Director or Administrator will conduct visual audits of oxygen storage areas weekly for one month then once monthly for two months. The Maintenance Director or Administrator will present the results of these audits at the monthly Quality Assurance Performance Improvement Meeting X 3 months and audits will continue until 100% compliance is achieved. Members of the Quality Assurance Performance Improvement Committee are the Administrator, Medical Director, Director of Nursing, Assistant Director of Nursing/Minimum Data Set Nurse, Business Office Manager, Social Services Director, Activities Director, Dietary Manager, Rehab Manager, Housekeeping &amp; Laundry Director and Maintenance Director.</li> </ol> <p>The completion date of the above stated actions is October 11, 2015</p>		
K 144 SS=F	<p>This STANDARD is not met as evidenced by: Based on observation and interview, the facility failed to ensure electric installation in storage locations of medical gasses medical storage receptacles installed in fixed locations not less than 5 ft above the floor as a precaution against their physical damage. (1999 edition NFPA 99, 4-3.1.1.2 (a) 4)</p> <p>The findings include: Observation with the Maintenance Director on 10/11/2015 at 11:30 AM confirmed the Oxygen storage room across from room 102 had an electrical outlet and light switch that was 4-feet from the floor. This finding was verified by the Maintenance Supervisor and acknowledged by the Administrator during the exit conference on 10/11/2015.</p> <p><b>NFPA 101 LIFE SAFETY CODE STANDARD</b></p> <p>Generators are inspected weekly and exercised</p>	K 144			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See Instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

2015-10-26 10:41 Dept of Health-HCF  
DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

8655945739 &gt;&gt;

423 733 2944 P 9/10

PRINTED: 10/15/2015  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  445459	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01  B. WING _____		(X3) DATE SURVEY COMPLETED  10/11/2015
NAME OF PROVIDER OR SUPPLIER  HANCOCK MANOR NURSING HOME			STREET ADDRESS, CITY, STATE, ZIP CODE 1423 MAIN STREET SNEEDVILLE, TN 37869		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
K 144	Continued From page 1 under load for 30 minutes per month in accordance with NFPA 99. 3.4.4.1.	K 144	<p>1) Certified Generator completed the required annual load bank test as previously scheduled on October 13, 2015.</p> <p>2) All Residents have the potential to be affected by the citation. Given this is the facility's only generator, this was the only audit needed. Therefore, all else regarding the generator is in compliance.</p> <p>3) The Administrator conducted one-on-one directed education with the Maintenance Director on October 11, 2015 regarding the requirement for annual load bank testing for the emergency generator.</p> <p>4) The Maintenance Director or Administrator will conduct visual audits of the annual load bank testing once monthly for three months. The Maintenance Director or Administrator will present the results of these audits at the monthly Quality Assurance Performance Improvement Meeting X 3 months and audits will continue until 100% compliance is achieved. Members of the Quality Assurance Performance Improvement Committee are the Administrator, Medical Director, Director of Nursing, Assistant Director of Nursing/Minimum Data Set Nurse, Business Office Manager, Social Services Director, Activities Director, Dietary Manager, Rehab Manager, Housekeeping &amp; Laundry Director and Maintenance Director.</p> <p>The completion date of the above stated actions is October 13, 2015.</p>		
	<p>This STANDARD is not met as evidenced by: Based on record review and interview, the facility failed to ensure the emergency generator was exercised annually with supplemental loads at 25 percent of nameplate rating for 30 minutes, followed by 50 percent of nameplate rating for 30 minutes, followed by 75 percent of nameplate rating for 60 minutes, for a total of 2 continuous hours.(1999 NFPA 110, 6-4.2.2)</p> <p>The findings include:</p> <p>1. Record review of the Emergency Generator logs with the Maintenance Director, on 10/11/2015 at 10:00 AM confirmed the facility's last 2-hour load bank test for their emergency generator was over 2 years ago in August 2013.</p> <p>2. Interview with the Maintenance Director, on 10/11/2015 at 12:20 PM revealed the load bank test was scheduled this upcoming week</p> <p>These findings were verified by the Maintenance Supervisor and acknowledged by the Administrator during the exit conference on 10/11/2015.</p>				